State of Rhode Island Fee: \$50.00 Office of the Secretary of State Office
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040
Limited Liability Company Annual Report Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR - ENTER THE <u>CURRENT</u> FILING YEAR 2023 : <u>2023</u>
1. ID No. <u>001741578</u>
2. Exact Name of the Limited Liability Company FoxRock 55 Dupont Realty, LLC
3. State of Formation
State: <u>RI</u>
NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>531120</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island
THE GENERAL CHARACTER AND PURPOSE OF FOXROCK ALBION CROSS REALTY, LLC SHA
LL BE TO ENGAGE IN THE ACQUISITION, OWNERSHIP, DEVELOPMENT, OPERATION,
MANAGEMENT, LEASING, FINANCING, MORTGAGING, SELLER OF AND OTHERWISE DEALING
WITH THE REAL PROPERTY LOCATED AT ONE ALBION ROAD, LINCOLN, RHODE
ISLAND. THE LLC MAY ALSO ENGAGE IN ANY LAWFUL BUSINESS, TRADE, PURPOSE OR ACTIVITY
PERMITTED BY THE MASSACHUSETTS LIMITED LIABILITY COMPANY ACT.
5. Principal Office Address
No. and Street: <u>350 GRANTITE STREET</u>

SUITE 2205 BRAINTREE

City or Town:

State: <u>MA</u> Zip: <u>02184</u> Country: <u>USA</u>

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

 Contact Name:
 JASON T WARD Contact Title:
 MANAGER

 No. and Street:
 350 GRANITE STREET
 SUITE 2205

 City or Town:
 BRAINTREE
 State: Management

State: MA Zip: 02184 Cour

Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD SUITE 200 WARWICK , RI 02888

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 21 Day of June, 2023 at 11:47:16 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JASON T WARD

Signature of Authorized Person

Form No. 632 Revised 09/07

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